

Capitol  
Region  
Library  
Council

RECEIVED

JUL 13 2001

FCC MAIL ROOM

599 Matianuck Avenue  
Windsor, Connecticut 06095-3567

(860) 298-5319  
email: office@crlc.org

FAX (860) 298-5328  
http://www.crlc.org

Letter of Appeal

July 9, 2001

Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Room TW-A325  
Washington, DC 20554

Re: CC Docket Nos. 96-45 and 97-21  
Administrator's Decision on Appeal 6/21/01  
Funding Year 4 Form 471-**Rejection Letter**  
Form 471 Application Number 262091  
Applicant's Form Identifier FR0102

Gentlemen,

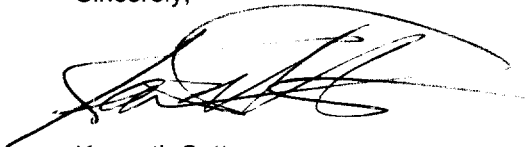
Enclosed in support of our appeal please find copies of the following:

1. USAC Administrator's Decision on Appeal – Funding year 2001-2002 (06/21/2001)
2. Our Letter of Appeal to the Schools & Libraries Division (04/13/2001)
3. USAC Fund Year 4 Form 471 – Rejection Letter (03/23/2001)
4. FCC Form 471 – October 2000 (01/10/2001 returned to us with item 3 above).

The facts of this matter are laid out in our Letter of Appeal and are substantially reflected in the first bullet of the Administrator's Decision on Appeal. As you will see when you review the Form 471 the form number and date (FCC Form 471 – October 2000) appear in the bottom right hand corner of pages 1, 2, 3, 5 & 6 of the form. No form number/date appears in the bottom right hand corner of the 31 occurrences of page 4 (Block 5). The absence of this information on page 4 (Block 5) is the issue. The form used was the correct form.

Our member libraries, after having received discounts for three years, have begun to take this funding into account when preparing their annual budgets. Many of them are counting on this funding for 2001-2001 and the loss of funding would have an adverse effect on their ability to deliver services to their patrons. Our appeal is, simply, that you not deny the 31 libraries covered by this application this much need support (over \$50,000) on the basis of a clerical oversight.

Sincerely,



Kenneth Sutton  
Office & Network Systems Manager  
Voice: 860-298-5319 ext.3030  
FAX: 860-298-5328  
Email: kensut@crlc.org

No. of Copies rec'd 0  
List A B C D E



**Universal Service Administrative Company**  
Schools & Libraries Division

---

**Administrator's Decision on Appeal - Funding Year 2001-2002**

June 21, 2001

Kenneth Sutton  
Capitol Region Library Council  
599 Matiaunuck Avenue  
Windsor, CT 06095-3567

Re: Billed Entity Number: 122316  
471 Application Number: 262091  
Funding Request Number(s): Not assigned  
Your Correspondence Dated: April 13, 2001

After thorough review and investigation of all relevant facts, the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") has made its decision in regard to your appeal of SLD's Year Four Funding Commitment Decision for the Application Number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 30-day time period for appealing this decision to the Federal Communications Commission ("FCC"). If your letter of appeal included more than one Application Number, please note that for each application for which an appeal is submitted, a separate letter is sent.

Funding Request Number: Not assigned  
Decision on Appeal: **Denied in full**  
Explanation:

- Your appeal stated that all pages of the application with the exception of page 4 of 6, (block 5) do include the required information. The reasons was that you filed for the same core group of members each year and have entered the data that repeats each year into the database. You also stated that to create the 31 instances of page 4 of 6, you copied an image of page 4 of 6 into the database and overlaid it with the appropriate field. You admitted that in the process you failed to capture the information at the bottom of the page. You concluded by asking the SLD not deny 31 libraries because of a clerical oversight.
- After thorough review of your appeal, it was determined from the Form 471 application submitted that the incorrect OMB-approved FCC Form 471 has been used in Funding Year Four. The lower right hand corner of this form shows September 1999 instead of October 2000. This is the reason the application was rejected for Minimum Processing Standards in Year 4. According to program rules the Form 471

is considered to be received when it has the required information necessary to pass Minimum Processing Standards. Since the Form 471 was not the correct OMB-approved FCC Form 471 for Funding Year 4 (dated October 2000 in the lower right hand corner of the form) it was returned in accordance with program rules. Please note that the SLD website is explicit as to what forms should be used. The Form 471 application (block 5) you submitted is not approved for year four. Consequently, the SLD will not data enter your funding requests, and your appeal is denied in full.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission, Office of the Secretary, 445 12<sup>th</sup> Street, SW, Room TW-A325, Washington, DC 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. Before preparing and submitting your appeal, please be sure to review the FCC rules concerning the filing of an appeal of an Administrator's Decision, which are posted on the website at <[www.universalservice.org](http://www.universalservice.org)>. **You must file your appeal with the FCC no later than 30 days from the date on this letter for your appeal to be filed in a timely fashion.**

We thank you for your continued support, patience, and cooperation during the appeal process.

Schools and Libraries Division  
Universal Service Administrative Company

Capitol  
Region  
Library  
Council

599 Matianuck Avenue  
Windsor, Connecticut 06095-3567

(860) 298-5319 FAX (860) 298-5328  
email: [office@crlc.org](mailto:office@crlc.org) <http://www.crlc.org>

April 13, 2001

Letter of Appeal  
Schools & Libraries Division  
Box 125 - Correspondence Unit  
80 South Jefferson Road  
Whippany, NJ 07981

Re: Funding Year 4 Form 471-**Rejection Letter**  
Form 471 Application Number 262091  
Applicant's Form Identifier FR0102

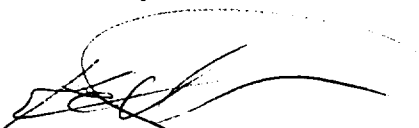
The above captioned letter states that the subject Form 471 has been rejected because it is not the "correct OMB-approved FCC Form 471 dated October 2000 in the lower right-hand corner of the form". In fact all pages of the application, with the exception of page 4 of 6, do include the required information. There are 31 occurrences of page 4 of 6 representing the 31 libraries covered by the application.

Because we file for the same core group of members each year I have entered the data that repeats each year into a database. To create the 31 instances of page 4 of 6 we copied a image of page 4 of 6 into the database and overlaid it with the appropriate fields. In this process I failed to capture the information at the bottom of the page.

The information required is present in the necessary format. Notations on the application (copy attached) indicates that the application was processed and our faxed response to a request for information from your Client Service Bureau resolved the only question arising out of that processing. All that is lacking is the footer from page 4 of 6.

Our appeal is, simply, that you not deny the 31 libraries covered by this application this much need support (over \$50,000) on the basis of a clerical oversight.

Sincerely,



Kenneth Sutton  
Office & Network Systems Manager  
Voice: 860-298-5319 ext.3030  
FAX: 860-298-5328  
Email: [kensut@crlc.org](mailto:kensut@crlc.org)



Universal Service Administrative Company  
Schools & Libraries Division

---

Fund Year 4 FORM 471-REJECTION LETTER

March 23, 2001

**KENNETH SUTTON  
CAPITOL REGION LIBRARY COUNCIL  
599 MATIANUCK AVE  
WINDSOR, CT 06095-3567**

**Re:      Applicant's Form Identifier:    FR0102  
             Form 471 Application Number:    262091**

Dear Applicant:

This letter is your notification that the entire FCC Form 471, *Services Ordered and Certification Form*, you submitted did not meet Minimum Processing Standards and cannot be processed. *Your Form 471 is enclosed with this letter, which means that the Schools and Libraries Division (SLD) could not process any portion of it.* Below is an explanation of the specific reason(s) your Form 471 did not meet the Minimum Processing Standards:

- **The Form 471 submitted is not the correct OMB-approved FCC Form 471 dated October 2000 in the lower right-hand corner of the form..**

If you disagree with this decision and you wish to appeal to the SLD, your appeal must be made in writing and received by us within 30 days of issuance of this letter. In your letter of appeal, please include: correct contact information for the appellant, information on the decision you are appealing, the specific Funding Request in question, a copy of this letter and an original authorized signature. Appeals sent by fax, e-mail or phone call cannot be processed. Please mail your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125-Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. You may also call our Client Service Bureau at 888-203-8100. While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC), by sending your notice of appeal to: FCC, Office of the Secretary, 445 12th Street, SW; 12<sup>th</sup> Street Lobby, SW; Washington, D.C. 20554. . Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. If you choose to file an appeal with the FCC, your appeal must be received no later than 30 days from the date on this letter.

**Schools and Libraries Division  
Universal Service Administrative Company**

**Enclosure:**

**(1) Form 471**

471 01-16-01 5200196

## FCC Form 471

Approval by OMB

3060-0806

FY 04

Se

Applicant ID: 262091

262091

 rvice  
 rm 471  
 urs

This form asks schools and libraries to  
 for them so that the Fund Administrator

be ordered and estimate the annual charges  
 for service providers for services.

Please read instructions before beginning this application. (See [www.sl.universalservice.org](http://www.sl.universalservice.org) for filing this form online)

Applicant's Form Identifier: **FR0102**  
 (Create your own code to identify THIS Form 471)

Form 471 Application #: **262091**  
 (To be inserted by Fund Administrator)

(To

## Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.)	Capitol Region Library Council		
2	Funding Year: July 1, 2001 through June 30, 2002	3	Entity Number (up to 10 digits)	122316
4a	Street Address, P.O. Box, or Route Number	599 Matianuck Ave		
	City Windsor	State CT	Zip Code	06095 - 3567
b	Telephone Number (10 digits + ext.)	(860) 298 - 5319 ext. 3030		
c	Fax Number (10 digits)	(860) 298 - 5328		
d	E-mail Address (50 characters max.)	kensut@crlc.org		
5	Type of Application	<input type="checkbox"/> School (public or non-public school) <input type="checkbox"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools) <input checked="" type="checkbox"/> Library (library (i.e. outlet/branch, system)) <input type="checkbox"/> Consortium — Check here if any members of this consortium are ineligible non-governmental entities.		

6a	Contact Person's Name	Kenneth Sutton		
First, fill in every item of the Contact Person's information below that is different from Item 4, above.				
Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)				
b	Street Address, P.O. Box, or Route Number			
	City	State	Zip Code	-
c	Telephone Number (10 digits + ext.)	( )	-	ext.
d	Fax Number (10 digits)	( )	-	
e	<input checked="" type="checkbox"/> E-mail Address (50 characters max.)			
f	Holiday/vacation/summer contact information:			

## Block 2: Minor Modification to Existing Contract?

7	<input type="checkbox"/> Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6. Form 471 Application #: <input type="text"/> Funding Request Number: <input type="text"/> Minor modification requests can be filed MANUALLY only. Please see <a href="http://www.sl.universalservice.org">www.sl.universalservice.org</a> for filing instructions.
---	--

391658

1-23-01

Entity Number 122316 Applicant's Form Identifier FR0102  
 Contact Person Kenneth Sutton Phone Number 860-298-5319 exr 3030

### Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served  b Number of library patrons to be served | 432,766

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	N/A	N/A
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	31	31
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	256KBps	256KBps
d	Dial-up Internet connections: How many before and after your order?	none	none
e	Dial-up Internet connections: Highest speed before and after your order?	N/A	N/A
f	Direct connections to the Internet: How many before and after your order?	31	31
g	Direct connections to the Internet: Highest speed before and after your order?	256KBps	256KBps
h	Internet access (for schools): How many rooms have Internet access before and after your order?	N/A	N/A
i	Internet access (for libraries): How many buildings have Internet access before and after your order?	31	31
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	402	402
k	Other technology outcomes: (please specify):		

### Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

Entity Number	122316	Applicant's Form Identifier	FR0102
Contact Person	Kenneth Sutton	Phone Number	860-298-5319 ext.3030

## Block 4: Discount Calculation Worksheet B For Libraries

Worksheet #B- 1  
Page 1 of 1

**Instructions:** If you are filing a library application, use this worksheet to calculate the discount rate(s) for outlets/branches and systems.

310740

(For Administrator's Use)

**10a If you are:**

- ☐ Applying for discounts ONLY for one outlet/branch or ONLY for site-specific services:  
Complete columns 1-5 only for each outlet/branch. Add and number pages as needed.
- ☐ Applying for discounts on services shared by ALL outlets/branches in the library system (with or without site-specific services as well):  
Complete columns 1-5 PLUS 10c below.
- ☐ Applying for discounts on different shared services that are shared by different groups of outlets/branches:  
Complete one worksheet, columns 1-5 PLUS 10c, for EACH different group of outlets/branches sharing a service. Designate this worksheet B-1, B-2, B-3, etc.

**10b List entities and calculate discount(s).**

Library System Name:

Library System Entity Number:

1	2	3	4	5
Name of Eligible Library (outlet/branch)	Entity Number (1-10 digits)		Name of School District in which outlet/branch in Column 1 is located	Weighted Average Discount for the School District in Column 4



Entity Number 122316 Applicant's Form Identifier FR0102  
 Contact Person Kenneth Sutton Phone Number 860-298-5319

## Block 5: Discount Funding Request(s)

Block 5, page 1 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

1 1 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>T</u>
1 2 Form 470 Application Number (15 c <u>451020000302138</u> )	16 Billing Account Number (e.g., billed telephone num <u>203-471-6854</u> )
1 3 SPIN - Service Provider Identification Number (9 digits) <u>143001305</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>01-01-2001</u>
1 4 Service Provider Name <u>Southern New England Telephone</u>	18 Contract Award Date (mm/dd/yyyy) _____
	19 Service Start Date (mm/dd/yyyy) <u>07/01/2001</u>
	20 Contract Expiration Date (mm/dd/yyyy) _____

2 1 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # A-FR0102

2 2 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 122236  
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- \_\_\_\_\_)

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	35	\$1709.40

Entity Number <u>122316</u>	Applicant's Form Identifier <u>FR0102</u>
Contact Person <u>Kenneth Sutton</u>	Phone Number <u>860-298-5319</u>

## Block 5: Discount Funding Request(s)

Block 5, page 2 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> )
<b>12 Form 470 Application Number</b> (15 c <b>451020000302138</b> )	<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>
<b>14 Service Provider Name</b> <b>Southern New England Telephone</b>	<b>20 Contract Expiration Date</b> (mm/dd/

<b>21 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment # A-FR0102</b>
<b>22 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <b>122271</b> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-, _____)

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$200.00	\$0.00	\$200.00	\$4244.00	40	\$1697.60

Entity Number 122316 Applicant's Form Identifier FR0102  
 Contact Person Kenneth Sutton Phone Number 860-298-5319

## Block 5: Discount Funding Request(s)

Block 5, page 3 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>T</b>
12 Form 470 Application Number (15 c <b>451020000302138</b> )	16 Billing Account Number (e.g., billed telephone num <b>203-471-6854</b> )
13 SPIN - Service Provider Identification Number (9 digits) <b>143001305</b>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
14 Service Provider Name <b>Southern New England Telephone</b>	18 Contract Award Date (mm/dd/yyyy)
	19 Service Start Date (mm/dd/yyyy) <b>07/01/2001</b>
	20 Contract Expiration Date (mm/dd/

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # **A-FR0102**

22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : **122243**  
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
<b>\$337.00</b>	<b>\$0.00</b>	<b>\$337.00</b>	<b>12</b>	<b>\$4044.00</b>	<b>\$200.00</b>	<b>\$0.00</b>	<b>\$200.00</b>	<b>\$4244.00</b>	<b>40</b>	<b>\$1697.60</b>

Entity Number <b>122316</b>	Applicant's Form Identifier <b>FR0102</b>
Contact Person <b>Kenneth Sutton</b>	Phone Number <b>860-298-5319</b>

## Block 5: Discount Funding Request(s)

Block 5, page 4 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>1 1 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> )
<b>1 2 Form 470 Application Number</b> (15 c <b>451020000302138</b> )	<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>1 3 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>
<b>1 4 Service Provider Name</b> <b>Southern New England Telephone</b>	<b>20 Contract Expiration Date</b> (mm/dd/

**2 1 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
**Attachment #** **A-FR0102**

**2 2 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : **122249**

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- \_\_\_\_\_)

2 3 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request ( J x I )
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$200.00	\$0.00	\$200.00	\$4244.00	40	\$1697.60

Entity Number 122316 Applicant's Form Identifier FR0102  
 Contact Person Kenneth Sutton Phone Number 860-298-5319

**Block 5: Discount Funding Request(s)** Block 5, page 5 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

1 1 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>T</b>
1 2 Form 470 Application Number (15 c <b>451020000302138</b> )		16 Billing Account Number (e.g., billed telephone num <b>203-471-6854</b> )
1 3 SPIN - Service Provider Identification Number (9 digits) <b>143001305</b>		17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
1 4 Service Provider Name <b>Southern New England Telephone</b>		18 Contract Award Date (mm/dd/yyyy)
		19 Service Start Date (mm/dd/yyyy) <b>07/01/2001</b>
		20 Contract Expiration Date (mm/dd/

2 1 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # **A-FR0102**

2 2 Entity/Entities Receiving This Service:  
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : **122458**  
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-), \_\_\_\_\_

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
<b>\$407.00</b>	<b>\$0.00</b>	<b>\$407.00</b>	<b>12</b>	<b>\$4884.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4884.00</b>	<b>40</b>	<b>\$1953.60</b>

Entity Number <b>122316</b>	Applicant's Form Identifier <b>FR0102</b>
Contact Person <b>Kenneth Sutton</b>	Phone Number <b>860-298-5319</b>

## Block 5: Discount Funding Request(s)

Block 5, page **6** of **31**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FURN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>1 1 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> )
<b>1 2 Form 470 Application Number</b> (15 c <b>451020000302138</b> )	<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>1 3 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>
<b>1 4 Service Provider Name</b> <b>Southern New England Telephone</b>	<b>20 Contract Expiration Date</b> (mm/dd/

<b>2 1 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment # A-FR0102</b>
---	---

<b>2 2 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <b>122334</b> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-, _____)
--	---

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
<b>\$337.00</b>	<b>\$0.00</b>	<b>\$337.00</b>	<b>12</b>	<b>\$4044.00</b>	<b>\$700.00</b>	<b>\$0.00</b>	<b>\$700.00</b>	<b>\$4744.00</b>	<b>52</b>	<b>\$2466.88</b>

Entity Number <u>122316</u>	Applicant's Form Identifier <u>FR0102</u>
Contact Person <u>Kenneth Sutton</u>	Phone Number <u>860-298-5319</u>

**Block 5: Discount Funding Request(s)** Block 5, page 7 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**F R N #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>1 1 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> )
<b>1 2 Form 470 Application Number</b> (15 c <b>451020000302138</b> )	<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>1 3 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>
<b>1 4 Service Provider Name</b> <b>Southern New England Telephone</b>	<b>20 Contract Expiration Date</b> (mm/dd/

**2 1 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
**Attachment #** **A-FR0102**

**2 2 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : **5421**

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

23 Calculations					Recurring Charges			One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K			
Monthly \$ Charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request ( J x I )			
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	52	\$804.96			

Entity Number 122316 Applicant's Form Identifier FR0102  
 Contact Person Kenneth Sutton Phone Number 860-298-5319

## Block 5: Discount Funding Request(s)

Block 5, page 8 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span>
<b>12 Form 470 Application Number</b> (15 c <b>451020000302138</b> )		<b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> )
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>		<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>14 Service Provider Name</b> <b>Southern New England Telephone</b>		<b>18 Contract Award Date</b> (mm/dd/yyyy)
		<b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>
		<b>20 Contract Expiration Date</b> (mm/dd/

**21 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # **A-FR0102**

**22 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : **5417**

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- \_\_\_\_\_)

23 Calculations					Recurring Charges			One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K			
Monthly \$ Charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)			
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	52	\$804.96			



Entity Number <b>122316</b>	Applicant's Form Identifier <b>FR0102</b>
Contact Person <b>Kenneth Sutton</b>	Phone Number <b>860-298-5319</b>

## Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 9 of 31

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>1 1 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> )
<b>1 2 Form 470 Application Number</b> (15 c <b>451020000302138</b> )	<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>1 3 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>
<b>1 4 Service Provider Name</b> <b>Southern New England Telephone</b>	<b>20 Contract Expiration Date</b> (mm/dd/

**2 1 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
**Attachment #** A-FR0102

**2 2 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 5354

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request ( J x I )
<b>\$129.00</b>	<b>\$0.00</b>	<b>\$129.00</b>	<b>12</b>	<b>\$1548.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1548.00</b>	<b>52</b>	<b>\$804.96</b>

Entity Number 122316 Applicant's Form Identifier FR0102  
 Contact Person Kenneth Sutton Phone Number 860-298-5319

## Block 5: Discount Funding Request(s)

Block 5, page 10 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11</b> Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15</b> Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span>
<b>12</b> Form 470 Application Number (15 c <b>451020000302138</b> )	<b>16</b> Billing Account Number (e.g., billed telephone num <b>203-471-6854</b> )
<b>13</b> SPIN - Service Provider Identification Number (9 digits) <b>143001305</b>	<b>17</b> Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>14</b> Service Provider Name <b>Southern New England Telephone</b>	<b>18</b> Contract Award Date (mm/dd/yyyy)
	<b>19</b> Service Start Date (mm/dd/yyyy) <b>07/01/2001</b>
	<b>20</b> Contract Expiration Date (mm/dd/

**21** Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # **A-FR0102**

**22** Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : **122308**  
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ Charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$200.00	\$0.00	\$200.00	\$5084.00	43	\$2186.12

Entity Number **122316**Applicant's Form Identifier **FR0102**Contact Person **Kenneth Sutton**Phone Number **860-298-5319****Block 5: Discount Funding Request(s)**Block 5, page **11** of **31**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

1 1 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>T</b>
1 2 Form 470 Application Number (15 c <b>451020000302138</b> )	16 Billing Account Number (e.g., billed telephone num <b>203-471-6854</b> )
1 3 SPIN - Service Provider Identification Number (9 digits) <b>143001305</b>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
1 4 Service Provider Name <b>Southern New England Telephone</b>	18 Contract Award Date (mm/dd/yyyy)
	19 Service Start Date (mm/dd/yyyy) <b>07/01/2001</b>
	20 Contract Expiration Date (mm/dd/

2 1 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

Attachment # **A-FR0102**

2 2 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : **208324**

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

**2 3 Calculations**

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
<b>\$129.00</b>	<b>\$0.00</b>	<b>\$129.00</b>	<b>12</b>	<b>\$1548.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1548.00</b>	<b>43</b>	<b>\$665.64</b>

Entity Number 122316 Applicant's Form Identifier FR0102  
 Contact Person Kenneth Sutton Phone Number 860-298-5319

## Block 5: Discount Funding Request(s)

Block 5, page 12 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

1 1 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>T</b>
1 2 Form 470 Application Number (15 ) <b>451020000302138</b>	16 Billing Account Number (e.g., billed telephone num <b>203-471-6854</b> )
1 3 SPIN - Service Provider Identification Number (9 digits) <b>143001305</b>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
1 4 Service Provider Name <b>Southern New England Telephone</b>	18 Contract Award Date (mm/dd/yyyy)
	19 Service Start Date (mm/dd/yyyy) <b>07/01/2001</b>
	20 Contract Expiration Date (mm/dd/

2 1 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # A-FR0102

2 2 Entity/Entities Receiving This Service:  
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 122268  
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ Charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
<b>\$407.00</b>	<b>\$0.00</b>	<b>\$407.00</b>	<b>12</b>	<b>\$4884.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4884.00</b>	<b>40</b>	<b>\$1953.60</b>

Entity Number 122316Applicant's Form Identifier FR0102Contact Person Kenneth SuttonPhone Number 860-298-5319**Block 5: Discount Funding Request(s)**Block 5, page 13 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

1 1 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>T</b>
1 2 Form 470 Application Number (15 c <b>451020000302138</b> )	16 Billing Account Number (e.g., billed telephone num <b>203-471-6854</b> )
1 3 SPIN - Service Provider Identification Number (9 digits) <b>143001305</b>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
1 4 Service Provider Name <b>Southern New England Telephone</b>	18 Contract Award Date (mm/dd/yyyy)
	19 Service Start Date (mm/dd/yyyy) <b>07/01/2001</b>
	20 Contract Expiration Date (mm/dd/

2 1 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <b>A-FR0102</b>
2 2 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <b>5134</b> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , _____)

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	40	\$619.20

Entity Number <b>122316</b>	Applicant's Form Identifier <b>FR0102</b>
Contact Person <b>Kenneth Sutton</b>	Phone Number <b>860-298-5319</b>

## Block 5: Discount Funding Request(s)

Block 5, page **14** of **31**

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>1 1 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> )
<b>1 2 Form 470 Application Number</b> (15 c <b>451020000302138</b> )	<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>1 3 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>
<b>1 4 Service Provider Name</b> <b>Southern New England Telephone</b>	<b>20 Contract Expiration Date</b> (mm/dd/

<b>2 1 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment # A-FR0102</b>
<b>2 2 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <b>122306</b> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-), _____

2 3 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request ( J x I )
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	40	\$1897.60

Entity Number <u>122316</u>	Applicant's Form Identifier <u>FR0102</u>
Contact Person <u>Kenneth Sutton</u>	Phone Number <u>860-298-5319</u>

**Block 5: Discount Funding Request(s)** Block 5, page 15 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>1 1 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> )
<b>1 2 Form 470 Application Number</b> (15 c <b>451020000302138</b> )	<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>1 3 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>
<b>1 4 Service Provider Name</b> <b>Southern New England Telephone</b>	<b>20 Contract Expiration Date</b> (mm/dd/

**2 1 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
**Attachment #** A-FR0102

**2 2 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 122311

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- \_\_\_\_\_)

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request ( J x I )
<b>\$337.00</b>	<b>\$0.00</b>	<b>\$337.00</b>	<b>12</b>	<b>\$4044.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4044.00</b>	<b>40</b>	<b>\$1617.60</b>

Entity Number <b>122316</b>	Applicant's Form Identifier <b>FR0102</b>
Contact Person <b>Kenneth Sutton</b>	Phone Number <b>860-298-5319</b>

## Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page **16** of **31**

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>1 1 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> )
<b>1 2 Form 470 Application Number</b> (15 c <b>451020000302138</b> )	<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>1 3 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>
<b>1 4 Service Provider Name</b> <b>Southern New England Telephone</b>	<b>20 Contract Expiration Date</b> (mm/dd/

**2 1 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
**Attachment #** **A-FR0102**

**2 2 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : **122337**

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request ( J x I )
<b>\$407.00</b>	<b>\$0.00</b>	<b>\$407.00</b>	<b>12</b>	<b>\$4884.00</b>	<b>\$200.00</b>	<b>\$0.00</b>	<b>\$200.00</b>	<b>\$5084.00</b>	<b>40</b>	<b>\$2033.60</b>



Entity Number 122316Applicant's Form Identifier FR0102Contact Person Kenneth SuttonPhone Number 860-298-5319**Block 5: Discount Funding Request(s)**Block 5, page 17 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11</b> Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15</b> Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>T</b>
<b>12</b> Form 470 Application Number (15 c <b>451020000302138</b> )	<b>16</b> Billing Account Number (e.g., billed telephone num <b>203-471-6854</b> )
<b>13</b> SPIN - Service Provider Identification Number (9 digits) <b>143001305</b>	<b>17</b> Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>14</b> Service Provider Name <b>Southern New England Telephone</b>	<b>18</b> Contract Award Date (mm/dd/yyyy)
	<b>19</b> Service Start Date (mm/dd/yyyy) <b>07/01/2001</b>
	<b>20</b> Contract Expiration Date (mm/dd/

**21** Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

Attachment # **A-FR0102**

**22** Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : **122276**

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

**23 Calculations**

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ Charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$0.00	\$0.00	\$0.00	\$4044.00	50	\$2022.00

Entity Number <b>122316</b>	Applicant's Form Identifier <b>FR0102</b>
Contact Person <b>Kenneth Sutton</b>	Phone Number <b>860-298-5319</b>

**Block 5: Discount Funding Request(s)** Block 5, page 18 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>1 1 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> )
<b>1 2 Form 470 Application Number</b> (15 c <b>451020000302138</b> )	<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>1 3 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>
<b>1 4 Service Provider Name</b> <b>Southern New England Telephone</b>	<b>20 Contract Expiration Date</b> (mm/dd/

**2 1 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
**Attachment #** **A-FR0102**

**2 2 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : **5152**

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

2 3 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request ( J x I )
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	50	\$774.00

Entity Number 122316 Applicant's Form Identifier FR0102  
 Contact Person Kenneth Sutton Phone Number 860-298-5319

## Block 5: Discount Funding Request(s)

Block 5, page 19 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>T</u>
12 Form 470 Application Number (15 ) <u>451020000302138</u>	16 Billing Account Number (e.g., billed telephone num <u>203-471-6854</u> )
13 SPIN - Service Provider Identification Number (9 digits) <u>143001305</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>01-01-2001</u>
14 Service Provider Name <u>Southern New England Telephone</u>	18 Contract Award Date (mm/dd/yyyy)
	19 Service Start Date (mm/dd/yyyy) <u>07/01/2001</u>
	20 Contract Expiration Date (mm/dd/

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # A-FR0102

22 Entity/Entities Receiving This Service:  
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 122280  
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	74	\$3614.16

Entity Number 122316Applicant's Form Identifier FR0102Contact Person Kenneth SuttonPhone Number 860-298-5319**Block 5: Discount Funding Request(s)**Block 5, page 20 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>1 1 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>T</b>					
					<b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> )					
<b>1 2 Form 470 Application Number</b> (15 c <b>451020000302138</b> )					<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>					
<b>1 3 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>					<b>18 Contract Award Date</b> (mm/dd/yyyy)					
					<b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>					
<b>1 4 Service Provider Name</b> <b>Southern New England Telephone</b>					<b>20 Contract Expiration Date</b> (mm/dd/					
<b>2 1 Description of This Service:</b>					You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment # A-FR0102</b>					
<b>2 2 Entity/Entities Receiving This Service:</b>					a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <b>210870</b> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , _____)					
<b>2 3 Calculations</b>										
<b>Recurring Charges</b>					<b>One-Time Charges</b>			<b>Total Charges</b>		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
<b>\$129.00</b>	<b>\$0.00</b>	<b>\$129.00</b>	<b>12</b>	<b>\$1548.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1548.00</b>	<b>74</b>	<b>\$1145.52</b>

Entity Number **122316**Applicant's Form Identifier **FR0102**Contact Person **Kenneth Sutton**Phone Number **860-298-5319****Block 5: Discount Funding Request(s)**Block 5, page **21** of **31**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>T</b>
12 Form 470 Application Number (15 c <b>451020000302138</b> )	16 Billing Account Number (e.g., billed telephone num <b>203-471-6854</b> )
13 SPIN - Service Provider Identification Number (9 digits) <b>143001305</b>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
14 Service Provider Name <b>Southern New England Telephone</b>	18 Contract Award Date (mm/dd/yyyy)
	19 Service Start Date (mm/dd/yyyy) <b>07/01/2001</b>
	20 Contract Expiration Date (mm/dd/

21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <b>A-FR0102</b>
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <b>5191</b> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-_____)

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
<b>\$129.00</b>	<b>\$0.00</b>	<b>\$129.00</b>	<b>12</b>	<b>\$1548.00</b>	<b>\$650.00</b>	<b>\$0.00</b>	<b>\$650.00</b>	<b>\$2198.00</b>	<b>74</b>	<b>\$1626.52</b>

Entity Number 122316Applicant's Form Identifier FR0102Contact Person Kenneth SuttonPhone Number 860-298-5319**Block 5: Discount Funding Request(s)**Block 5, page 22 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>T</b>
12 Form 470 Application Number (15 c <b>451020000302138</b> )	16 Billing Account Number (e.g., billed telephone num <b>203-471-6854</b> )
13 SPIN - Service Provider Identification Number (9 digits) <b>143001305</b>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
14 Service Provider Name <b>Southern New England Telephone</b>	18 Contract Award Date (mm/dd/yyyy)
	19 Service Start Date (mm/dd/yyyy) <b>07/01/2001</b>
	20 Contract Expiration Date (mm/dd/

21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment # A-FR0102</b>
---------------------------------	---

22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <b>122286</b> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-_____)
--	---

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	40	\$1897.60

Entity Number <b>122316</b>	Applicant's Form Identifier <b>FR0102</b>
Contact Person <b>Kenneth Sutton</b>	Phone Number <b>860-298-5319</b>

**Block 5: Discount Funding Request(s)** Block 5, page **23** of **31**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> )
<b>12 Form 470 Application Number</b> (15 c <b>451020000302138</b> )	<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>
<b>14 Service Provider Name</b> <b>Southern New England Telephone</b>	<b>20 Contract Expiration Date</b> (mm/dd/

**21 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
**Attachment #** **A-FR0102**

**22 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : **122517**

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request ( J x I )
<b>\$407.00</b>	<b>\$0.00</b>	<b>\$407.00</b>	<b>12</b>	<b>\$4884.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4884.00</b>	<b>40</b>	<b>\$1953.60</b>

Entity Number 122316Applicant's Form Identifier FR0102Contact Person Kenneth SuttonPhone Number 860-298-5319**Block 5: Discount Funding Request(s)**Block 5, page 24 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>T</b>
12 Form 470 Application Number (15 ) <b>451020000302138</b>		16 Billing Account Number (e.g., billed telephone num <b>203-471-6854</b>
13 SPIN - Service Provider Identification Number (9 digits) <b>143001305</b>		17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
14 Service Provider Name <b>Southern New England Telephone</b>		18 Contract Award Date (mm/dd/yyyy)
		19 Service Start Date (mm/dd/yyyy) <b>07/01/2001</b>
		20 Contract Expiration Date (mm/dd/
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <b>A-FR0102</b>		
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <b>122238</b> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , _____		

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	53	\$2588.52



Entity Number <b>122316</b>	Applicant's Form Identifier <b>FR0102</b>
Contact Person <b>Kenneth Sutton</b>	Phone Number <b>860-298-5319</b>

## Block 5: Discount Funding Request(s)

Block 5, page **25** of **31**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FBN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>1 1 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>T</b> <b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b>
<b>1 2 Form 470 Application Number</b> (15 c <b>451020000302138</b>	<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>1 3 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>
<b>1 4 Service Provider Name</b> <b>Southern New England Telephone</b>	<b>20 Contract Expiration Date</b> (mm/dd/

**2 1 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

**Attachment #** **A-FR0102**

**2 2 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : **5073**

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

2 3 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request ( J x I )
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	53	\$2514.32

Entity Number122316Applicant's Form IdentifierFR0102

Contact PersonKenneth SuttonPhone Number860-298-5319

Block 5: Discount Funding Request(s)Block 5, page26of31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)T
12Form 470 Application Number (15 c 451020000302138	16Billing Account Number (e.g., billed telephone num 203-471-6854
13SPIN - Service Provider Identification Number (9 digits) 143001305	17Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 01-01-2001
14Service Provider Name Southern New England Telephone	18Contract Award Date (mm/dd/yyyy)
	19Service Start Date (mm/dd/yyyy) 07/01/2001
	20Contract Expiration Date (mm/dd/

21Description of This Service:  
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
Attachment # A-FR0102

22Entity/Entities Receiving This Service:  
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 122484  
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- ,

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request ( J x I )
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	40	\$1897.60

Entity Number <b>122316</b>	Applicant's Form Identifier <b>FR0102</b>
Contact Person <b>Kenneth Sutton</b>	Phone Number <b>860-298-5319</b>

## Block 5: Discount Funding Request(s)

Block 5, page **27** of **31**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>1 1 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> ) <b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b> <b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b> <b>20 Contract Expiration Date</b> (mm/dd/
<b>1 2 Form 470 Application Number</b> (15 ) <b>451020000302138</b>	
<b>1 3 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>	
<b>1 4 Service Provider Name</b> <b>Southern New England Telephone</b>	

<b>2 1 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment # A-FR0102</b>
<b>2 2 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <b>122295</b> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- ,

2 3 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request ( J x I )
<b>\$407.00</b>	<b>\$0.00</b>	<b>\$407.00</b>	<b>12</b>	<b>\$4884.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4884.00</b>	<b>40</b>	<b>\$1953.60</b>

Entity Number 122316 Applicant's Form Identifier FR0102  
 Contact Person Kenneth Sutton Phone Number 860-298-5319

## Block 5: Discount Funding Request(s)

Block 5, page 28 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>T</u>
12 Form 470 Application Number (15 c <u>451020000302138</u> )	16 Billing Account Number (e.g., billed telephone num <u>203-471-6854</u> )
13 SPIN - Service Provider Identification Number (9 digits) <u>143001305</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>01-01-2001</u>
14 Service Provider Name <u>Southern New England Telephone</u>	18 Contract Award Date (mm/dd/yyyy)
	19 Service Start Date (mm/dd/yyyy) <u>07/01/2001</u>
	20 Contract Expiration Date (mm/dd/

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # A-FR0102

22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 122300  
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	40	\$1897.60

Entity Number 122316 Applicant's Form Identifier FR0102  
 Contact Person Kenneth Sutton Phone Number 860-298-5319

## Block 5: Discount Funding Request(s)

Block 5, page 29 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>T</u>	
12 Form 470 Application Number (15 ) <u>451020000302138</u>		16 Billing Account Number (e.g., billed telephone num <u>203-471-6854</u> )	
13 SPIN - Service Provider Identification Number (9 digits) <u>143001305</u>		17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>01-01-2001</u>	
14 Service Provider Name <u>Southern New England Telephone</u>		18 Contract Award Date (mm/dd/yyyy)	
		19 Service Start Date (mm/dd/yyyy) <u>07/01/2001</u>	
		20 Contract Expiration Date (mm/dd/	

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # A-FR0102

22 Entity/Entities Receiving This Service:  
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 122331  
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

23 Calculations					Recurring Charges			One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)			
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	41	\$2002.44			

Entity Number <b>122316</b>	Applicant's Form Identifier <b>FR0102</b>
Contact Person <b>Kenneth Sutton</b>	Phone Number <b>860-298-5319</b>

## Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page **30** of **31**

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>1 1 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone num <b>203-471-6854</b> )
<b>1 2 Form 470 Application Number</b> (15 c <b>451020000302138</b> )	<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing) <b>01-01-2001</b>
<b>1 3 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001305</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19 Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>
<b>1 4 Service Provider Name</b> <b>Southern New England Telephone</b>	<b>20 Contract Expiration Date</b> (mm/dd/

**2 1 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # **A-FR0102**

**2 2 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : **122335**

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- , \_\_\_\_\_)

2 3 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request ( J x I )
<b>\$407.00</b>	<b>\$0.00</b>	<b>\$407.00</b>	<b>12</b>	<b>\$4884.00</b>	<b>\$200.00</b>	<b>\$0.00</b>	<b>\$200.00</b>	<b>\$5084.00</b>	<b>40</b>	<b>\$2033.60</b>

Entity Number 122316 Applicant's Form Identifier FR0102  
 Contact Person Kenneth Sutton Phone Number 860-298-5319

## Block 5: Discount Funding Request(s)

Block 5, page 31 of 31

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

1 1 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>T</u>
1 2 Form 470 Application Number (15 c <u>451020000302138</u> )	16 Billing Account Number (e.g., billed telephone num <u>203-471-6854</u> )
1 3 SPIN - Service Provider Identification Number (9 digits) <u>143001305</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>01-01-2001</u>
1 4 Service Provider Name <u>Southern New England Telephone</u>	18 Contract Award Date (mm/dd/yyyy)
	19 Service Start Date (mm/dd/yyyy) <u>07/01/2001</u>
	20 Contract Expiration Date (mm/dd/

2 1 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # A-FR0102


2 2 Entity/Entities Receiving This Service:  
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 122318  
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A- \_\_\_\_\_)

2 3 Calculations					Recurring Charges			One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)			
\$307.00	\$0.00	\$307.00	12	\$3684.00	\$700.00	\$0.00	\$700.00	\$4384.00	42	\$1841.28			

Entity Number 122316 Applicant's Form Identifier fR0102  
 Contact Person Kenneth Sutton Phone Number 860-298-5319 ext 3030

## Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
- a ☐ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
  - b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:
- a ☐ an individual technology plan for using the services requested in this application; and/or
  - b ☐ higher-level technology plan(s) for using the services requested in this application; or
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☐ technology plan(s) has/have been approved; and/or
  - b ☐ technology plan(s) will be approved by a state or other authorized body; or
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person 	35 Date <u>01-10-2001</u>
36 Printed name of authorized person <u>KENNETH SUTTON</u>	
37 Title or position of authorized person <u>OFFICE &amp; NETWORK SYSTEMS MANAGER</u>	
38 Telephone number of authorized person: <u>( 860 ) 298 - 5319, ext. 3030</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.	
The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.	



Entity Number 122316 Applicant's Form Identifier FR0102  
Contact Person Kenneth Sutton Phone Number 860-298-5319 ext 3030

**NOTICE TO INDIVIDUALS:** Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471  
P.O. Box 7026  
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
(888) 203-8100**

DATE: March,19 2001  
TO: Nicole Allen  
Client Service Bureau/Problem Resolution  
FAX 888-276-8736  
FROM Ken Sutton, Office & Network Systems Manager  
RE: Memorandum of Agreement 9-30-96

Capitol Region Library Council  
599 MATIANUCK AVENUE  
WINDSOR, CT 06095  
FAX (860) 298-5328  
Office: (860) 298-5319  
kensut@crlc.org  
www.crlc.org

Re: Form 471 application ID FR0102  
Year 07-01-2001 to 06-30-2002  
Entity number: 122316

Responding to you email dated 03-16-2001

From 471 Block 8b Number of Library patrons served

**432,766**

Date: 03-19-2001

  
Kenneth Sutton

na  
3/19/01